NOTICE OF CHANGE OF PLACEMENT

School District:		Date of Notice:	
Parent's Name:		Child's Name:	
(date) program for your child. To t education environment. You severity of needs are such t satisfactorily. Based on the I	or child will be removed from that education in general edu EP which has been developed	ate, your child will be educa om the general education er ucation classes with supplend for your child, the	ted with other children in the general avironment only when the nature or mentary services cannot be achieved
The suggested change of place	ement is based on (describe th	he reasons why the district pr	oposes to change the placement):
	ejected those option(s) because	se (provide a description of a	following option(s) prior to reaching ny options the district considered and
The proposed change of place	ment is based upon the follow	ving evaluation procedures, to	ests, records or reports:
Other factors which are releva	ant to the school district's proj	posal, if any, are:	
	DEA). If you would like a	copy of your procedural safe	aral safeguards of the Individual with eguards or if you have any questions
(r	ame)	at (phone nui	mber)

ADDITIONAL RESOURCES

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices:

 Lincoln Office:
 402-471-2471

 Omaha Office:
 402-595-2177

 Scottsbluff Office:
 308-632-1349

 Hotline for Disability Services:
 800-742-7594

Nebraska Parent Training Center: 800-284-8520 or 402-346-0525

Nebraska Advocacy Services: 800-422-6091 or 402-474-3183